

MEMORANDUM

Agenda Item No. 11(A) (29)

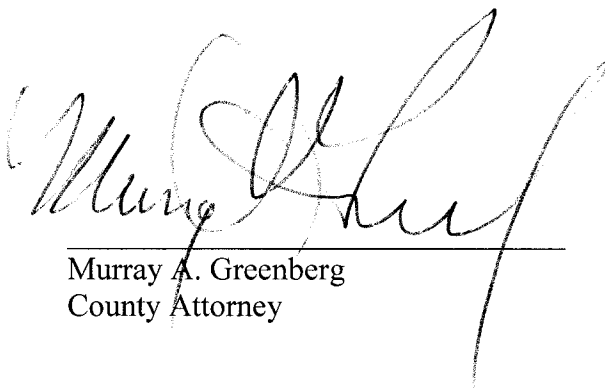
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: March 7, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution Authorizing In-Kind
Services from the Miami-Dade
Police Dept. and Miami-Dade
Fire Rescue Dept. for the
South Florida Chapter of the
National Multiple Sclerosis
Society's May 6-7, 2006
Maroone MS 150 Bike Tour
In an Amount Not to Exceed
\$23,851.52 to be Funded In
Part From the Countywide
In-Kind Reserve Fund and In
Part from the Fire Rescue
District Budget

The accompanying resolution was prepared and placed on the agenda at the request of Senator Javier D. Souto.



Murray A. Greenberg
County Attorney

MAG/dc



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: March 7, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(29)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☒ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(29)

3-7-06

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI-DADE FIRE RESCUE DEPARTMENT FOR THE MAY 6-7, 2006 MAROONE MS150 BIKE TOUR, SPONSORED BY THE SOUTH FLORIDA CHAPTER OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$23,851.52 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND AND IN PART FROM THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, the South Florida Chapter of the National Multiple Sclerosis Society has requested in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the May 6-7, 2006 Maroone MS150 Bike Tour in an amount not to exceed \$23,851.52 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the National Multiple Sclerosis Society is a not-for-profit organization; and

WHEREAS, the Maroone MS150 Bike Tour is a Countywide event, and \$18,811.52 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund, and \$5,040.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue District Budget,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the May 6-7, 2006 Maroone MS150 Bike Tour in an amount not to exceed \$23,851.52 to be funded in part from the Countywide In-Kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue District Budget.

The foregoing resolution was sponsored by Senator Javier D. Souto and offered by
Commissioner _____, who moved its adoption. The motion was seconded by
Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Dennis C. Moss, Vice-Chairman	
Bruno A. Barreiro	Jose "Pepe" Diaz
Audrey M. Edmonson	Carlos A. Gimenez
Sally A. Heyman	Barbara J. Jordan
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of March, 2006. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

DDC

Diamela del Castillo

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

Police - \$18,811.52
Fire - \$5,040

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: National Multiple Sclerosis Society - South Florida Chapter

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Attn: Cathy L. McCarthy, National Multiple Sclerosis Society, 3201 West Commercial Blvd Suite 127, Ft. Lauderdale, FL 33309 (954) 731-4224 Fax (954) 731-4046

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In-Kind services for Miami-Dade Fire Rescue and Metro-Dade Police

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries): The Maroone MS150 Bike Tour Presented by Wachovia is a two day bike tour that starts at Miami Dade College, Kendall Campus. This event will take place May 6th & 7th, 2006 and will host 1,700 riders and 500 volunteers. The purpose of the bike tour is to raise funds and awareness to the 15,000 people and their families affected by multiple sclerosis. Money raised at this event goes to research, programs, and advocacy to benefit the clients we serve in the South Florida area.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): Miami Dade College Kendall Campus, 11011 S.W. 104th Street, Miami, FL 33176-3393

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: N/A

South

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9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Please see attached schedule for the weekend of the bike tour.
 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Please see attached
 11. Expected number of participants and estimated attendance (per day, if applicable): 1,700 cyclists, 500 volunteers and National Multiple Sclerosis Society Staff
 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): _____
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I hereby certify that all the statements made in this application are true and correct.

Signature of Authorized Representative

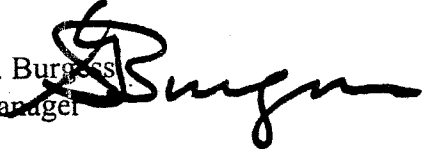
Date

Memorandum



Date: March 7, 2006

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: George M. Burgess
County Manager 

Subject: Countywide In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for the funding of this request.

Background

In-kind services are being requested by a not-for-profit organization National Multiple Sclerosis Society South Florida Chapter for their annual Maroone MS 150 Bike Tour scheduled for May 6 & 7, 2006.

In-kind services have been requested in an amount not to exceed \$18,811.52 from the Miami-Dade Police Department (MDPD) for police services for traffic control, and \$5,040 from the Miami-Dade Fire Rescue Department (MDFR) for EMS support. The in-kind services provided by the MDFR will not be reimbursed by the in-kind reserve. The police services for this event, in the amount of \$18,811.52 will be funded from the countywide in-kind reserve fund.

In FY 2005-06 National Multiple Sclerosis Society has not received any County funding.

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